



HEALTH PROFESSIONS  
EDUCATION FOUNDATION

*Giving Golden Opportunities*



# Bachelor of Science Nursing Scholarship & Loan Repayment Application

## *Giving Golden Opportunities by:*

*Increasing the supply of  
health professionals practicing in  
underserved areas*

*Improving access to healthcare in  
rural and urban areas of California*

*Helping students to pursue a  
career in the health professions*

*Awarding health professionals who  
are dedicated to practicing in  
underserved communities*

# Application Instructions

## APPLICANTS MAY APPLY FOR ONLY ONE AWARD USING THIS APPLICATION.

The purpose of the Bachelor of Science Nursing Scholarship and Loan Repayment Programs are to increase the number of registered nurses (RN) practicing in medically underserved areas of California.

Applications for the Bachelor of Science Nursing Scholarship and Loan Repayment Programs are accepted biannually. Monies awarded under this program are intended to pay or repay tuition, required fees, books, supplies, and educational equipment costs related to the applicant's registered nurse education. All awards are subject to the availability of funding.

## SELECTION CRITERIA

Selections for the Bachelor of Science Nursing Scholarship and Loan Repayment Programs are based solely on information contained in the application and supporting documentation. Selection for awards is based on the following criteria:

**Work Experience** - nursing and non-nursing work experience in a medically underserved area (MUA).

**Financial Need** - actual or potential difficulty in completing education in the absence of an award.

**Career Goals** - professional goals for the next five to ten years.

**Community Service** - documented volunteer service and/or activities, particularly in a MUA.

**Community Background** - family structure and community where you grew up; for example, rural, inner city/urban, suburban, or MUA.

**Academic Performance** - prior and current academic performance; potential for future academic success.

### Priority will be given to:

Individuals whose community background and commitment indicates the likelihood of long-term employment in a medically underserved area even after the service obligation has ended.

Awards are made on a competitive basis. Each part of the application must be completed. All supporting documentation must be submitted. Only complete applications will be evaluated. The Foundation will not notify individuals if their application is incomplete.

## SCHOLARSHIPS

Students may receive up to **\$10,000** for the **Bachelor of Science Nursing Scholarship**. Scholarships are funded for one academic year, usually 2 semesters or 3 quarters. Your graduation date may impact the amount of funding you are eligible to receive.

### Scholarship Eligibility

Scholarships are available to students who are enrolled or accepted in a baccalaureate degree nursing program. Priority will be given to students who will be graduating within 1 to 2 years. Awardees must sign a contract with the Office of Statewide Health Planning and Development and agree to the following terms:

**Be a U.S. citizen or permanent resident** and a California resident.

**Complete a 2-year service obligation** to practice in a medically underserved area of California as a RN providing direct patient care.

**Be a full-time or part-time student** (no less than 6.0 units) in a California accredited school.

Maintain a minimum cumulative GPA of 2.0 each year scholarship funds are sought.

## SCHOLARSHIP APPLICATION

Submit the following:

### 1. Official Transcript(s) related to your nursing education

If you are a student in your first year of the nursing program and your transcripts do not reflect your nursing education, submit your most current transcript.

The transcript(s) must be marked official by the school and delivered to the Foundation in a sealed envelope. The Foundation will not accept unofficial transcripts, copies or print outs of transcripts, or transcripts in an open/unsealed envelope.

### 2. Personal Statements

Attach your personal statements to the application. Your statements must be typed. Statements must provide a comprehensive response to each question. Please limit all personal statements to not more than 6 pages. Restate and number each question along with your answer.

### 3. Two Letters of Recommendation

Letters of recommendation must be current or dated within the last six months of the application deadline. The letters must be on letterhead or include the author's title, name of employer, mailing address, and phone number. To receive maximum credit for community service a letter from the agency where service was provided should be submitted.

### 4. Graduation Date Verification Form

This form must be signed by the nursing program director or a faculty member authorized to sign on the director's behalf. The Graduation Date Verification Form is enclosed as part of the scholarship application. Applicants can also download this form from the Foundation's website at [www.healthprofessions.ca.gov](http://www.healthprofessions.ca.gov).

### 5. Verification of Language Fluency

Fluency in a language other than English must be verified on the Employment or Graduation form or in a letter of recommendation from employer or school faculty.

### 6. Student Aid Report (SAR)

Students must submit the final 2006-2007 SAR. The SAR must indicate the student's expected family contribution (EFC). The FAFSA is available from all college financial aid offices and is also available on the Internet at [www.ed.gov/offices/OPE/express.html](http://www.ed.gov/offices/OPE/express.html).

Or

### 2005 Federal Tax Return with all W-2s.

Applicants who do not apply for financial aid must submit a complete copy of their 2005 Federal tax return with all W-2s. Do not submit a State tax return. The State tax return will not be accepted in lieu of the Federal tax return.

# Application Instructions (cont.)

## LOAN REPAYMENT AWARDS

The **Bachelor of Science Nursing Loan Repayment Program** repays up to **\$10,000** in educational debt that was incurred while attending a baccalaureate degree nursing program. In return for the loan repayment award, the awardee must agree to practice as a RN in a medically underserved area for a minimum of 2 years.

Awardees may reapply for additional loan repayment awards at the completion of their 2-year service obligation. Awardees may reapply for awards up to a maximum of **\$20,000**.

### Loan Repayment Eligibility

Loan repayment awards are available to currently licensed RNs, who are currently practicing in a MUA. If you have any questions about whether your facility qualifies as a MUA, please contact HPEF at (800) 773-1669. Awardees must sign a contract with the Office of Statewide Health Planning and Development and agree to the following terms:

**Be a U.S. citizen or permanent resident** and a California resident.

**Complete a 2-year service obligation** to practice in a medically underserved area of California as a RN providing direct patient care. While completing the service obligation, **work full-time or work a minimum of 32 hours per 5 day period** or work week.

**Be a currently licensed RN.**

## SUBMIT THE FOLLOWING:

### 1. Official Transcript with BSN degree posted

The transcript must be marked official by the school and submitted to the Foundation in a sealed envelope. If the school does not release official transcripts to the student, the transcript may be sent directly from the school to the Foundation. The Foundation will not accept unofficial transcripts, copies or print outs of transcripts, or transcripts in an open/unsealed envelope.

Your BSN degree must be posted on the transcript unless you are a student in the final year in a course of study leading to a BSN degree. If you are in the final year of the BSN program, submit the most current transcript(s) that illustrate your BSN education to date.

Applicants who will not graduate before the application deadline must submit all transcripts available to date and must graduate by June 2005.

### 2. Personal Statements

Attach your personal statements to the application. Your statements must be typed. Statements must provide a comprehensive response to each question. Please limit all Personal Statements to not more than 6 pages. Restate and number each question along with your answer.

### 3. Two Letters of Recommendation

Letters must be current or dated within the last six months of the application deadline. The letters must be on letterhead or include the author's title, name of employer, mailing address, and phone number. To receive maximum credit for community service, a letter from the agency where service was provided should be submitted.

### 4. Employment Verification Form

This form must be signed by an official in your personnel department. The Employment Verification Form is enclosed as part of the application. Applicants can also download this form from the Foundation's Web site at [www.healthprofessions.ca.gov](http://www.healthprofessions.ca.gov).

### 5. Proof of RN license

### 6. Verification of Language Fluency

Fluency in a language other than English must be verified on the Employment or Graduation form or in a letter of recommendation from employer or school faculty.

### 7. 2005 Federal Tax Return with all W-2s

Do not submit a State tax return. The State tax return will not be accepted in lieu of the Federal tax return.

### 8. Educational Debt Reporting Form

Submit the attached educational debt reporting form and copies of your most recent lender statements with your name, the name of lender, balance owing, account number, and monthly payments. All information must be filled in or the application will be considered incomplete.

## INELIGIBILITY FOR BACHELOR OF SCIENCE NURSING AWARDS

Applicants who owe a service obligation to practice direct patient care to another entity entered into before filing an application with the Foundation are ineligible to receive a scholarship. Previous obligations must be completed before applying. Awardees who breach their contract with the Office of Statewide Health Planning and Development will not be allowed to reapply for additional awards.

## APPLICATION SUBMISSION

Applications must be postmarked by the deadline. In order to be eligible, each part of the application must be completed. All supporting documentation must be submitted. The Foundation will not notify applicants if their application is received incomplete. Applicants are urged to contact the Foundation at (800) 773-1669 prior to the final filing date to verify if their application was received complete. Do not bind or submit applications in a loose-leaf binder.

## NOTIFICATION OF AWARDS

The Foundation will notify applicants of their application results within eight weeks of the postmark deadline.

**SPRING APPLICATION POSTMARK DEADLINE: MARCH 24, 2006**

**FALL APPLICATION POSTMARK DEADLINE: SEPTEMBER 11, 2006**

**Submit applications to:**

**Health Professions Education Foundation  
BSN Scholarship & Loan Repayment Programs  
818 K Street, Suite 210  
Sacramento, CA 95814  
(800) 773-1669 or (916) 324-6500**

# Application

Do you owe an existing service obligation to another entity? ☐ Yes ☐ No

If yes, please explain? (Previous obligations must be completed before applying):

Please indicate which award you are applying for:

☐ Bachelor of Science Nursing Scholarship: \$10,000

☐ Bachelor of Science Nursing Loan Repayment: \$10,000

Please enter the scholarship or loan repayment amount you are requesting:

(A maximum of \$10,000):



Please refer to the application instructions when completing the application. Complete each part of the application form. Make sure all supporting documents are submitted with your application. Applications must be postmarked by the application deadline. Late applications will not be evaluated.

## PART A – PERSONAL INFORMATION

Applicants may apply for only one award using this application.

(Please type or print your answers legibly in the space provided.)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CA Drivers License # \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: Male Female

Marital Status: \_\_\_\_\_ Unmarried \_\_\_\_\_ Married

Number of dependents other than self and spouse: \_\_\_\_\_

(As declared on tax returns + Student Aid Reports.)

Are you a previous awardee of the Foundation? ☐ Yes ☐ No

If yes, please enter the contract # \_\_\_\_\_

Are you currently employed as a registered nurse? ☐ Yes ☐ No

If yes, provide license # \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you the first in your family to attend college? ☐ Yes ☐ No

Which best describes your ethnic background:

☐ Asian American ☐ Pacific Islander ☐ African American

☐ Caucasian ☐ Native American ☐ Hispanic/Latino

Other (Please specify) \_\_\_\_\_

If Native American, please specify tribal affiliation and submit verification:

List any languages you are fluent in, other than English.

Please submit validation (see item 5 in the instructions).

1 \_\_\_\_\_

2 \_\_\_\_\_

Are you a citizen or permanent resident of the U.S.? ☐ Yes ☐ No  
(If no, do not continue. You must be a U.S. citizen or permanent resident to apply)

Are you a California resident? ☐ Yes ☐ No

## PART B – WORK EXPERIENCE

Please list all work experience you have had. List most recent employer first. Attach additional work history on page 5

(maximum of 5 employers).

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Your Supervisor's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Your Position/title: \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

☐ Full-time OR ☐ Part-time

Employment Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employment End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Average hours worked (please choose only one):

\_\_\_\_/day \_\_\_\_/week \_\_\_\_/month

Brief description of your job duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### FOR OFFICIAL USE ONLY

Recd:	Compl / Inc:	Omitted: App Pgs	GDV	EVF	SAR	TAX	LoR	Oth
App Inquiry: ( - - ) ( - - )		HPEF Contact:		for:				
Input By:	MUA: Yes / No	CT#:						
Reviewed By:		Comments:						

# Application

Please refer to the application instructions before you begin.

Bachelor of Science Nursing Scholarship: \$10,000  
Bachelor of Science Nursing Loan Repayment: \$10,000

## PART C – COMMUNITY BACKGROUND

For each age category below, list the city, county, state, or country you grew up in. Check socioeconomic status and geographic characteristics for each applicable age category.

Age Category Rural Inner City/Urban Suburban | Poor Middle-class Upperclass  
Birth-10 years ☐ ☐ ☐ ☐ ☐ ☐ ☐  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
Country: \_\_\_\_\_

Age Category Rural Inner City/Urban Suburban | Poor Middle-class Upperclass  
11-20 years ☐ ☐ ☐ ☐ ☐ ☐ ☐  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
Country: \_\_\_\_\_

Age Category Rural Inner City/Urban Suburban | Poor Middle-class Upperclass  
21-30 years ☐ ☐ ☐ ☐ ☐ ☐ ☐  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
Country: \_\_\_\_\_

Age Category Rural Inner City/Urban Suburban | Poor Middle-class Upperclass  
31-40 years ☐ ☐ ☐ ☐ ☐ ☐ ☐  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
Country: \_\_\_\_\_

Age Category Rural Inner City/Urban Suburban | Poor Middle-class Upperclass  
41+ years ☐ ☐ ☐ ☐ ☐ ☐ ☐  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
Country: \_\_\_\_\_

## PART D – PERSONAL STATEMENTS

Attach your personal statements to the application. Your statements must be typed. Restate and number each question along with your answer.

**BSN scholarship applicants must answer questions 1-6.**

**BSN Loan repayment applicants must answer questions 2-6.**

1. What kind of work would you like to do immediately after graduation?
2. What kind of work do you think you'll be doing in five years?
3. What is your vision of your professional future in ten years?
4. Describe any community service, volunteer activities, or club memberships within the past two years (**Please attach any letters of recommendation you may have. Do not include experience for which you received academic credit.**)
5. Describe your family background including: your father's and mother's occupation, annual income, marital status, and number of dependents including yourself.
6. Describe how your background is relevant to your interest in pursuing a nursing career. Do you see your background as an advantage, disadvantage or both?

## PART E – QUESTIONNAIRE

Where did you hear about the Bachelor of Science Nursing Scholarship & BSN Loan Repayment Program? (Check all that apply)

- ☐ School ☐ Work (employer or co-worker) ☐ Friend/Acquaintance ☐ TV  
☐ Foundation Web site ☐ Other Web site ☐ Advertisement ☐ Radio  
☐ Newspaper or publication (please specify) \_\_\_\_\_  
☐ Organization or Affiliation (please specify) \_\_\_\_\_  
☐ Other source (please specify) \_\_\_\_\_

Where did you receive the BSN Scholarship & BSN Loan Repayment Program applications form? (Check only one.)

- ☐ Financial Aid Office ☐ Program Director/Instructor ☐ Foundation office  
☐ Foundation Web site ☐ Other Web site ☐ Work (employer/co-worker)  
☐ Friend/Acquaintance ☐ Other please specify \_\_\_\_\_

## PART F – APPLICATION CERTIFICATION

I certify that all information in this application is true and accurate to the best of my knowledge. I authorize the Health Professions Education Foundation to verify any information submitted as part of this application. I understand that falsification of information contained in this application will disqualify my application and that the Board of Registered Nursing will be notified.

I understand that if falsification is discovered after I have been awarded, I will be required to repay all funds awarded, plus interest and administrative fees.

I understand that once submitted my application and supporting documents become the rights of the Health Professions Education Foundation. I also understand that my personal statements become the property of the Foundation and may be used, including but not limited to, advertising/marketing, program reports, newsletters, and other publications.

Printed name: (last name, first name, middle initial)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SPRING POSTMARK DEADLINE MARCH 24, 2006**

**FALL POSTMARK DEADLINE SEPTEMBER 11, 2006**

### SUBMIT APPLICATIONS TO:

Health Professions Education Foundation  
BSN Scholarship & Loan Repayment Programs  
818 K Street, Suite 210  
Sacramento, CA 95814

## SCHOLARSHIP CHECKLIST

- ☐ 1. Official Transcript(s) related to your nursing education  
☐ 2. Personal Statements  
☐ 3. Two (2) Letters of Recommendation  
☐ 4. Graduation Date Verification Form  
☐ 5. 2006-2007 Student Aid Report (SAR)  
or  
2005 Federal Tax Return and all W-2s

## LOAN REPAYMENT CHECKLIST

- ☐ 1. Official Transcript(s) with BSN Degree Posted  
☐ 2. Personal Statements  
☐ 3. Two (2) Letters of Recommendation  
☐ 4. Employment Verification Form  
☐ 5. Proof of RN license  
☐ 6. 2005 Federal Tax Return and all W-2s  
☐ 7. Educational Debt Reporting Form and Lender Statements

# GRADUATION DATE VERIFICATION FORM

(For Scholarship Applicants Only)

**\*Must be completed by the Program Director or the director's designee.**

The student named below is applying for a scholarship from the Health Professions Education Foundation. This form is required for the application to be considered complete. The form must be returned to the Foundation with an original signature.

Applicant's Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Program Enrolled: \_\_\_\_\_

School Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Year Entered: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_  
Month/Year Month/Year

Enrollment Status: ☐ F/T ☐ P/T  
(Based on FALL or SPRING Semester / Quarter academic year)

# of units currently enrolled: \_\_\_\_\_  
or # of units equivalent if on a modular system: \_\_\_\_\_

Please comment on the student's performance and potential for academic success.

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Student is fluent in a language other than English: ☐ Yes ☐ No ☐ Unknown

Specify Language(s): \_\_\_\_\_

This form was completed by:

Name: (Please Print) \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

Please check one:

- ☐ I certify that I am the Program Director.  
☐ I certify that I am authorized to sign this document on behalf of the Program Director.

# EMPLOYMENT VERIFICATION FORM

(For Loan Repayment Applicants Only)

**ATTENTION! The completed form must bear an original ink signature. Photocopies and faxed copies of the completed form are not acceptable.**

FORM TO BE COMPLETED BY AN OFFICIAL IN THE PERSONNEL OR HUMAN RESOURCES DEPARTMENT

Employee's Name: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Position Title: \_\_\_\_\_ Estimated Monthly Salary: \_\_\_\_\_  
(No hourly wages)

Employment Status: ☐ F/T ☐ P/T Average weekly hours worked: \_\_\_\_\_

Employer: \_\_\_\_\_ Employee's Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
(No P.O. Boxes, please include the employees worksite address)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Additional Comments:

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Employee is fluent in a language other than English: ☐ Yes ☐ No ☐ Unknown

Specify Language(s): \_\_\_\_\_

This form was completed by:

Name: (Please Print) \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

# Additional Work History

Please list additional work experience you have had with a maximum of 4 employers. (Resumes will not be used in place of work history pages)  
Please print or type legibly.

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Your Supervisor's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Your Position/title: \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

☐ Full-time OR ☐ Part-time

Employment Start Date: \_\_/\_\_/\_\_ Employment End Date: \_\_/\_\_/\_\_

Average hours worked (please choose only one): \_\_\_\_/day \_\_\_\_/week \_\_\_\_/month

Brief description of your job duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Your Supervisor's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Your Position/title: \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

☐ Full-time OR ☐ Part-time

Employment Start Date: \_\_/\_\_/\_\_ Employment End Date: \_\_/\_\_/\_\_

Average hours worked (please choose only one): \_\_\_\_/day \_\_\_\_/week \_\_\_\_/month

Brief description of your job duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Your Supervisor's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Your Position/title: \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

☐ Full-time OR ☐ Part-time

Employment Start Date: \_\_/\_\_/\_\_ Employment End Date: \_\_/\_\_/\_\_

Average hours worked (please choose only one): \_\_\_\_/day \_\_\_\_/week \_\_\_\_/month

Brief description of your job duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Your Supervisor's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Your Position/title: \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

☐ Full-time OR ☐ Part-time

Employment Start Date: \_\_/\_\_/\_\_ Employment End Date: \_\_/\_\_/\_\_

Average hours worked (please choose only one): \_\_\_\_/day \_\_\_\_/week \_\_\_\_/month

Brief description of your job duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Educational Debt Reporting Form

## (For Loan Repayment Applicants Only)

- List source and amounts of outstanding educational loans used to finance your education below.
- You must submit evidence of the educational debts listed below (i.e. current statements for referenced accounts which includes the current balance, account number, your name, and address to which payment is submitted.).

All spaces must be completed. If payments are **deferred** an amount must be entered into the monthly payment space.  
If any information is missing the application will be considered incomplete.

### LOAN 1

School Attended: \_\_\_\_\_

Loan Period (Start Date): \_\_\_\_\_ (End Date): \_\_\_\_\_

Loan Program: \_\_\_\_\_

Loan ID#: \_\_\_\_\_

Lending Institution: \_\_\_\_\_

Lender's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Outstanding Balance: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

### LOAN 2

School Attended: \_\_\_\_\_

Loan Period (Start Date): \_\_\_\_\_ (End Date): \_\_\_\_\_

Loan Program: \_\_\_\_\_

Loan ID#: \_\_\_\_\_

Lending Institution: \_\_\_\_\_

Lender's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Outstanding Balance: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

### LOAN 3

School Attended: \_\_\_\_\_

Loan Period (Start Date): \_\_\_\_\_ (End Date): \_\_\_\_\_

Loan Program: \_\_\_\_\_

Loan ID#: \_\_\_\_\_

Lending Institution: \_\_\_\_\_

Lender's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Outstanding Balance: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

### LOAN 4

School Attended: \_\_\_\_\_

Loan Period (Start Date): \_\_\_\_\_ (End Date): \_\_\_\_\_

Loan Program: \_\_\_\_\_

Loan ID#: \_\_\_\_\_

Lending Institution: \_\_\_\_\_

Lender's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Outstanding Balance: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

### LOAN 5

School Attended: \_\_\_\_\_

Loan Period (Start Date): \_\_\_\_\_ (End Date): \_\_\_\_\_

Loan Program: \_\_\_\_\_

Loan ID#: \_\_\_\_\_

Lending Institution: \_\_\_\_\_

Lender's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Outstanding Balance: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

### LOAN 6

School Attended: \_\_\_\_\_

Loan Period (Start Date): \_\_\_\_\_ (End Date): \_\_\_\_\_

Loan Program: \_\_\_\_\_

Loan ID#: \_\_\_\_\_

Lending Institution: \_\_\_\_\_

Lender's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Outstanding Balance: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_



## HEALTH PROFESSIONS EDUCATION FOUNDATION

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*Giving Golden Opportunities*

818 K Street, Suite 210  
Sacramento, CA 95814  
[www.healthprofessions.ca.gov](http://www.healthprofessions.ca.gov)  
(800) 773-1669

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Justin H. Sanders, J.D.  
Los Angeles, CA

Lisa Williams  
San Francisco, CA

Barbara Yaroslavsky (effective 1/1/06)  
Los Angeles, CA

### EX-OFFICIO MEMBER

David M. Carlisle, M.D., Ph.D.  
Sacramento, CA

### FOUNDATION STAFF

Diane Tomoda  
Interim Executive Director

Monique Voss  
Program Director

Samantha Lewis  
Program Assistant